

## The role of health professionals in the care of patients with prostate cancer: Literature review

### A atuação do profissional de saúde nos cuidados do paciente com neoplasia prostática: Revisão de literatura

Gleison Faria<sup>1\*</sup>, Mariana Kely Diniz Gomes de Lima<sup>1</sup>, Jackson Firigolo<sup>1</sup>, Gesnaquele Souza da Cruz<sup>1</sup>, Washington Cruz Silva<sup>1</sup>, Rogério Krause<sup>1</sup>, Taís Loutarte Oliveira<sup>1</sup>, Iuri Santana de Jesus<sup>1</sup>, Karolayne Soares Cavalcanti<sup>1</sup>, Paulo Henrique Campos da Silva<sup>1</sup>, Ana Karolina Monge Silva Romano Mendonça<sup>1</sup>, Narasandra Gonçalves Nascimento<sup>2</sup>, Keitty Karina Silva Santos<sup>2</sup>, Cleverson de Oliveira Santos<sup>2</sup>, Leticia de Paula Repke<sup>2</sup>, Queila Schulze de Almeida<sup>2</sup>, Queila Alves de Oliveira Souza<sup>2</sup>, Ramone de Souza de Jesus<sup>2</sup>, Anatiely da Paixão Silva<sup>2</sup>, Francielly Maira Bordon<sup>3</sup>, Giselen Maleski Cargnin<sup>4</sup>, Pedro Washington Moreira Antunes<sup>5</sup>, Marco Rogério da Silva<sup>6</sup>

<sup>1\*</sup>Graduated from the University Center UNI-FACIMED - Faculty of Biomedical Sciences of Cacoal – Rondônia, Brazil. E-mail: [gleisonfaria@hotmail.com](mailto:gleisonfaria@hotmail.com)

<sup>2</sup>Graduated from Higher Education in Cacoal, FANORTE, Rondônia, Brazil

<sup>3</sup>Graduated from São Lucas University Center, Ji-Paraná, Rondônia, Brazil

<sup>4</sup>Nurse at the Claretian University Center - CEUCLAR - Porto Velho – RO

<sup>5</sup>Graduating from Faculdade Uneouro - Ouro preto do Oeste - Rondônia, Brazil.

<sup>6</sup>Nurse at the University of Vale do Rio dos Sinos – UNISINOS - São Leopoldo, Rio Grande do Sul, Brazil

Received: 13 Dec 2021,

Received in revised form: 13 Feb 2022,

Accepted: 19 Feb 2022,

Available online: 28 Feb 2022

©2022 The Author(s). Published by AI Publication. This is an open access article under the CC BY license (<https://creativecommons.org/licenses/by/4.0/>).

**Keywords—** Prostate cancer, Incidence, Treatment.

**Palavras chaves—** Câncer de próstata, Incidência, Tratamento.

**Abstract—** Prostate cancer is a malignant disease that is commonly linked to advancing age in men, it is a disease that is not restricted only to the prostate. The objective of this study was to analyze the importance of care provided by health professionals to patients with prostate cancer. The methodology is a thorough analysis of literature reviews published between the years 2010 to 2021 containing the subject of prostate cancer. The working population is made up of men, the elderly, who have symptoms of prostate cancer. A bibliographic review will be carried out on the subject in the scientific journals available online, gathering and comparing the different data found in the consultation sources and listing the main factors that predispose to prostate cancer as well as the characteristic signs and symptoms that could lead them to predisposition. Descriptive study with literature analysis. In Brazil, prostate cancer is the second most common among men. In absolute values, it is the sixth most common type in the world and the most prevalent in men, representing about 10% of all

cancers. Health education collaborates so that people can live together in the most beneficial way possible. It is concluded that the nursing professional should contribute to the dissemination of preventive actions against prostate cancer, such as: elaboration of educational campaigns, lectures, conversation circles, among other activities that always aim at male inclusion.

**Resumo**— O câncer de próstata é uma doença maligna que está comumente ligada ao avanço da idade dos homens, trata-se de uma doença que não se restringe somente a próstata. O objetivo desse trabalho foi analisar a importância dos cuidados prestados pelos profissionais da saúde ao paciente com neoplasia prostática. A metodologia trata-se de uma análise minuciosa em revisões bibliográficas publicadas entre os anos de 2010 a 2021 contendo o assunto referente ao câncer de próstata. A população do trabalho constitui-se por homens, idosos, que apresentam sintomas de câncer de próstata. Serão realizadas revisão bibliográfica sobre o tema nas revistas científicas disponíveis on-line, reunindo e comparando os diferentes dados encontrados nas fontes de consulta e listando os principais fatores que predispõe o câncer de próstata assim como os sinais e sintomas característicos que puderam leva-los à predisposição. Estudo de caráter descritivo com análise de literatura. No Brasil, o câncer de próstata é o segundo mais comum entre os homens. Em valores absolutos, é o sexto tipo mais comum no mundo e o mais prevalente em homens, representando cerca de 10% do total de cânceres. A educação em saúde colabora para que as pessoas possam conviver da forma mais proveitosa possível. Conclui-se que o profissional de enfermagem deve contribuir na divulgação de ações preventivas do câncer de próstata, como: elaboração de campanhas educativas, palestras, rodas de conversas, entre outras atividades que visa sempre a inclusão masculina.

## I. INTRODUCTION

Cancer is a degenerative disease that occurs with the disordered growth of cells and can encompass more than 100 malignancies, as mutations in cells can cause an aggressive process in adjacent tissues, such as distant organs, very quickly with control, causing the formation of tumors. that can move to other parts of the body. These processes are called transfers (SILVA, 2015).

The different types of cancer correspond to the various types of cells that start in the epithelium of our body, and these cells are called carcinomas. They start in the connective tissue bones, muscles, cartilage called carcomo (BRASIL, 2021). Another difference is the appearance of cancer and the type of cancer where cell proliferation occurs and has the ability to replicate in adjacent tissues and organs, called metastasis (CRISTO & ARAUJO, 2011).

Various cancer treatments go a long way toward treating and even curing. for various treatment modalities. Non-descriptive chemotherapy used before surgery can reduce tumor size, increase chemotherapy and be used to

support the surgical procedure to eliminate the possibility of metastases in patients with the disease (FERNANDA et al, 2014).

Chemotherapy in pill capsules, a liquid that can be seen in the daily lives of nursing professionals who care for cancer patients undergoing chemotherapy, can observe different effects of chemotherapy treatment. Along with diarrhea and vomiting, gastrointestinal disease is one of the most reluctant diseases, the consequence of which is malnutrition, which can lead to multiple metabolic imbalances in patients (KARKOW, 2015).

Health professionals play an important role in monitoring to mitigate side effects and take positive actions through the physical and emotional adjustment of patients undergoing chemotherapy (LEAL, 2016). The role of nurses in these patients' camps is important in the development of preventive measures and actions to reduce the negative effects of chemotherapy (LEAL, 2016).

Implementation of nursing in the systematic organization I mentioned. Hospitalization determines the impasse caused by the administration of chemotherapy.

Faced with the various symptoms that chemotherapy brings to the lives of chemotherapy patients, nurses have the responsibility to provide chemotherapy patients with quality of life before and after chemotherapy. better (LEAL, 2016).

The process of adaptation and coping with the new reality changes the daily life and the family environment, so it is essential to understand and work on the changes caused to the diagnosed so that it is possible to understand the situation. Family support is even more important in this situation, and should be a source of strength to overcome it. However, there are still problematic effects and then the mental stabilization capacity, especially for spouses (PEREIRA et al., 2017).

How should the health professional camp for elderly cancer patients be carried out? The general objective was to provide a review of the literature on the role of nurses in the care of elderly patients with cancer. The general objective was to provide a review of the literature on the role of nurses in the care of elderly patients with cancer.

As the elderly population increases and new causes of cancer are discovered in this condition, there is a need for research and scientific production of materials to improve the techniques used by nursing professionals to provide a better quality of life. Patients receiving chemotherapy (ZUCOLO, 2014).

Chemotherapy associated with elderly patients has shown good results for the effective cure of several types of cancer, but it has more adverse side effects in patients over 60 years of age who, in addition to being limited by age, have already experienced the effects of chemotherapy (LEAL, 2016).

## II. MATERIALS AND METHODS

This is a qualitative study through a comprehensive literature review. This type of scrutiny makes it possible to analyze scientific research in a systematic and broad way, facilitating the characterization and dissemination of the resulting knowledge. Its purpose is to collect and synthesize research results on a specific topic or issue in a systematic and orderly manner.

The following inclusion criteria were used: articles available in full, which understood the objectives of the study, published in the time frame from 2010 to 2021, in scientific journals and online libraries, in Portuguese, English and Spanish. The exclusion criteria were research published in congresses, blogs, forums or that did not meet the objectives or period of the study. To this end, 14 scientific articles related to the subject were analyzed, publications between the years 2010 and 2021 in

databases such as: National Library of Medicine (PUBMED), Literature, Latin American and Caribbean in Health Sciences (LILACS), Library Virtual Health Department of the Ministry of Health (BVS), Scientific Electronic Library Online (SciELO), Brazilian Journal of Nursing (REBEN) and Google Scholar.

The bibliographic research had as a problem question: How should the health professional make the camp for the elderly cancer patient? Articles that sought to explain the subject were selected, which were in Portuguese, English and Spanish.

The organization of this review took place between December 2021 and February 2022, providing researchers with guidance relevant to the topics in question so that they can develop hypotheses for children who seek solutions to common problems associated with care. provided in a previous study.

This study did not need to be submitted to the Research Ethics Committee (CEP), as it was a study based on a literature review and all study data were analyzed and written in Microsoft Word®.

## III. LITERATURE REVIEW

A hallmark of cancer cells and their ability to spread to other organs, in a process called metastasis, categorizes different types of cancer based on the types of cells and organs in which some of the more common types of cancer are developing. Common are: lung, breast, colorectal, stomach and prostate, and the ones that leave more survivors are: breast, prostate, colorectal and uterus, but they can also develop in other organs such as: Anus; Bladder; Mouth and oropharynx; Colorectal; Head and neck; Nasal Cavity; Oral Cavity and Oropharynx; Cervix of the Uterus; Endometrium; Esophagus; Stomach; Liver; Gastric; Adrenal Gland; Salivary glands; Larynx and Hypopharynx; Leukemia; Mama; Melanoma; Multiple myeloma; Nasopharynx; Neuroblastoma; Eye; Ovary; Osteosarcoma; pancreas; Skin; Prostate; Lung; Kidney; Uterine Sarcoma; Testicle; Thymus; Thyroid; Bone Tumors; Vagina; Vesicle; Biliary Pathway; Vulva. Among other numerous types of cancer (CANDICO, 2016).

The risk factors for the development of certain types of cancer are mainly (about 80%) directly related to genetic factors, but these factors are easily potentiated when related to increased environmental pollution, physical inactivity and smoking, in addition to people's aging. The world population, a fact that has led to an increase in cancer cases in the last decade (ZUCOLO, 2014).

Even with advances in medicine and pharmaceutical science in the development of new drugs and alternative

treatments that have improved the recovery rates of cancer patients over the years, cancer still causes a large number of deaths each year, making it the second cause of death in Brazil, with approximately 190,000 deaths per year (BRASIL, 2017).

As life expectancy has increased over the years, the number of cancer cases is increasing every year, which requires qualified professionals to identify early and assist during treatment, 70% of cancer diagnoses in Brazil are made in people. cancer cases in people over 60 years of age, concerns the fact that 60% of cases are diagnosed in more than 70% of the population, reinforcing the importance of adequate treatment (INCA, 2021).

According to the World Health Organization, a quarter of the world's men aged between 60 and 79 have developed or will develop some type of cancer among women of the same age group, and the incidence is even higher, with one in three cancers being the second leading cause of death worldwide, causing 9.6 million deaths worldwide in 2018 Behavioral food risk High body mass index Low fruit and vegetable intake of cancer deaths are caused by infection (INCA, 2020) ).

In 2020, the National Cancer Institute estimated that there were 449,090 new cases of non-melanoma skin tumors in men and women. Estimates also point to the possibility of 625 thousand new cases of cancer across the country in the triennium 2020-2022, and excluding cases of non-melanoma skin cancer, the number remains high, reaching 450 thousand (INCA, 2020) .

In the Amazon, the estimated rate is 23.57, or 35 cases per 100,000 women. In Manaus, capital of the region, where the majority of care takes place, the indicator is 53 cases. (Inca 2020). The cellular changes that lead to cervical cancer are easy to detect during a preventive exam: the Pap smear. Currently, the Unified Health System (SUS) makes the HPV vaccine available free of charge for girls aged 11 to 14 years. Vaccination is the most effective measure to prevent HPV (INCA 2020).

The state of Rondônia implemented 0 RHC in the Basic Hospital and in the Cacoal Hospital between 2012 and 2013, but the Epidemiological Surveillance of the State of Cancer of the National Health Service (Agevisa) explained that it was an agreement between the three parties. Cancer is monitored in Brazilian states through disease registries. Under the agreement, the Hospital Cancer Registry (RHC) will be implemented in all hospital units that treat the disease (AGEVISA-RO, 2020).

The number of cancer diagnoses in Cacoal is 7.95 per 1000 (one thousand) inhabitants. The largest numbers are women and people over 60 with fair skin. The most detected type was breast cancer, followed by uterine

cancer in women and prostate cancer in men. In the treatment of these patients, the combination of chemotherapy and radiotherapy is more recommended (FARIA et al, 2020).

A diagnosis of cancer, like the revelation of any deadly disease, can change families more or less. This is because the family represents a powerful circle in which everyone becomes more connected, whether with the patient or the disease, and the exchange of information and feelings that affect connection and personal bonds. Therefore, while family support is one of the patient's main resources for coping with the disease, family members are also affected when dealing with the emotional needs of the affected members. It is in this sense that cancer can be considered a family disease.

The earlier the cancer is detected and treated, the greater the chance of cure and the better the patient's quality of life. Actions as part of early detection. Note that the goal is to detect precancerous or cancerous lesions while they are still in the organ of origin and before they invade surrounding tissue or other organs. Two strategies used in early detection: early diagnosis, screening. The objective of early diagnosis is to detect the disease as quickly as possible through the symptoms or clinical signs present in the patient.

Chemotherapy is the most common form of cancer treatment. About 60% to 70% of patients require this therapy, which uses chemicals alone or in combination to treat malignancies that may or may not be related to other modalities. Treatment options are based on the patient's tumor type, biological behavior, location, extent of disease, age, and general condition. Currently, this treatment modality is possible thanks to the use of continuous infusion devices (SIQUEIRA et al, 2013).

Continuous infusion devices are unidirectional elastomer pumps. Its main components are: unidirectional elastic balloon, blocker, tube, protective cap, threaded joint and end cap. Can be used for intravenous, epidural or subcutaneous infusions for 12 hours to 7 days. Among its advantages we can mention mobility, ease of occlusion and the fact that the infusion parameters cannot be changed by the user. The disadvantage is the low precision of the equipment and the lack of consistency in the infusion time, that is, the reliability of the drug infusion rate being the same throughout the period is not high.

Currently, chemotherapy is the treatment with the highest curative rate for a variety of tumors (including the most advanced tumors), and it is also what can improve the survival rate of patients with AC. It involves the use of chemical agents that interfere with the processes of cell growth and division, either alone (single chemotherapy) or



in combination (multiple chemotherapy), to eliminate tumor cells from the body (OLIVEIRA, 2015).

In the case of treatment, radiotherapy, chemotherapy and surgery, the diagnosis is guided and selected according to the stage of the disease, but all provoke reactions. Chemotherapy, which has the ability to eliminate cancer cells, causes multiple responses due to its mode of action and can have multiple effects on the health of patients receiving chemotherapy, especially the elderly (CIRILO, et al., 2016).

It is also noteworthy that staying at home and living with family members can minimize the discomfort of the disease and treatment, as prolonged or frequent hospitalizations, in addition to extreme discomfort and exhaustion, can pose a threat to these individuals (SIQUEIRA et al., 2013).

Another possible classification type is neoadjuvant chemotherapy, administered before surgery to assess antitumor response and tumor reduction, and adjuvant chemotherapy, administered after surgery to eradicate micrometastases. The routes of administration of chemotherapy are oral, intramuscular, subcutaneous, intravenous (most commonly), intraarterial, intrathecal, intraperitoneal, intrapleural, vesical access and topical (OLIVEIRA, 2015).

For cancer patients, the presence of cancer has a dramatic impact on their daily life, leading to profound changes in their usual lifestyle, in addition to affecting the ability and ability to carry out activities of daily living (SIQUEIRA, 2013).

The adverse effects of chemotherapy are due to the fact that it is not specialized, that is, they are drugs that do not only affect tumor cells. It acts on rapidly dividing cells, mainly hematopoietic tissues, hair follicles, germ cells, lining epithelium of the gastrointestinal tract, among other organs, and may cause side effects (OLIVEIRA, 2015).

At this moment, nurses play an important role in cancer patient care, because by monitoring, directing and implementing actions, they can promote awareness and response to the disease and its treatment, due to a better understanding of their pathology, presentation of effects, treatment, consequences and chances of cure, enabling patients to find more effective ways to tolerate and face all stages of this terrible disease (SIQUEIRA et al., 2013).

Hospitalization can lead to major changes in the patient's lifestyle, distancing him from his social life and personal objects, in addition to increasing the risk of hospital infections. In addition, hospitalization is difficult because it limits the number and rotation of visitors, which

makes patients uncomfortable and unpleasant (SIQUEIRA et al., 2013).

It is necessary to become a trained professional, competent in the activities that he performs in order to be able to safely guide towards a humanized and individualized care, go beyond his scientific knowledge and build a willingness on the part of the nurse to listen to the relationship with the patient and tell him about it. your treatment. Effective communication, which provides clear and objective information, offers better options and solutions, is another way for patients to address concerns about the disease and treatment, being essential for quality care (SIQUEIRA et al., 2013).

The treatment brings several side effects to the patient's life, which the nurse must carefully observe, and the entire team is involved in the treatment process. The cancer patient undergoing chemotherapy has many side effects that affect taxes, emotions and physiology. . You will say loss of appetite and dizziness (CUBERTO &, GIGLIO, 2014).

Faced with the impact of a diagnosis and its consequences, the psychologist's role in oncology proposes psychosocial and psychotherapeutic support and shows the potential to help improve the coping and quality of life of patients and their families (SCANNAVINO et al., 2013).

Knowing how to guide and identify doubts and anxieties is fundamental for the performance of the nursing professional. Knowledge added to effectiveness, communication, sincerity and empathy are constructive elements of care that will influence the development of care provided to cancer patients (SIQUEIRA et al., 2013).

The main role of the pharmacist in the oncology pharmacy is to help improve the adequacy of treatment, increase its effectiveness and reduce the incidence of adverse effects and medication errors. The community health work environment is considered less hierarchical than the hospital environment, where many nurses are considered to have greater autonomy and opportunities to use their initiative to develop care. The family is a fundamental factor in coping with the disease and, in addition to maintaining the inherent spirituality and ensuring forms of recreation, it can also serve as a source of support and security. Women with family support are better able to overcome problems, and they use family support as an incentive to seek quick medical care and the possibility of treatment (PANOBIANCO et al, 2012).

Sometimes, patients can be unable to participate in the daily activities that I practice for a long time, leaving them feeling unable to know that, due to this cancer, they will no longer be able to carry out their daily activities and will undergo changes in their living habits. The nurse is

responsible for meeting the physical and emotional needs of the patient, such as hygiene and food care, guidance on medication and monitoring of vital signs (TAMBORELLIL et al., 2010).

In the treatment of elderly patients, the tendency of the elderly to respond more strongly to the use of medications should be noted. Nurses must know the pharmacokinetics and pharmacodynamics of medications used for proper administration and be able to identify side effects. By understanding the ingredients of the drugs I use to treat patients, nurses can determine dosage adjustments and what happens to girls during treatment (FERNANDO et al., 2016).

The personal well-being of patients is a right that must be respected by any age group. Caring is a form of interaction that involves dedication, interest, participation and responsibility. In the care team, care can be demonstrated in different ways, such as gestures of affection, posture, look and touch, empathy with the patient, knowing how to listen to the patient's reports of fears regarding the diagnosis of cancer or uncertainties. Including the treatment modality (SIQUERA et al., 2014).

Nursing professionals and underlying cancer patient camps From prevention, diagnosis, treatment and rehabilitation, the nurse must have warm company and pass on the patient's trust and awareness of the teeth that treatments and procedures will be carried out in the best possible way. Help cure or reduce pain in the home of terminally ill patients (LEAL, 2016).

Due to industrialization and the age transition from the young to the elderly population, the Brazilian health service has recognized cancer as a serious public health problem, not only at the national level, but mainly in developed countries. More than 6 billion people die each year in this country, which has one of the highest cancer rates, but is starting to change slightly in developing countries as cancer rates increase (CONCEIÇÃO et al., 2012).

The patient and his family need to remain strong, especially in solidarity. It is important to understand the realities of life of the cancer patient and their family, the patient's history and role within the family, both financially and personally, living conditions, work and even the patient's beliefs to be able to help and be better and ways to provide support (MUNIZ et al., 2012).

Chemotherapy, the mainstay of cancer treatment, has high cure rates, although its side effects on patients often leave the elderly vulnerable.

#### IV. FINAL CONSIDERATIONS

Health professionals, especially those with high exposure to nurses, are essential in any scenario, but nurses play a fundamental role in cancer patients, and even more so in older patients, especially when they receive in the process. Considering that the elderly tend to see the situation as the end, they end up refusing treatment and, most of the time, they do not bother to seek help because they feel that there is no solution.

The most fundamental role of nurses caring for elderly cancer patients is to use empathy and understanding, as well as to minimize fear, distress, anxiety, and other complications of old age.

Considering that nurses are the most active professionals in primary care, the ideal is to always seek care in a totalitarian way, with attention to the details of each patient being essential. Although the present study is a real contributor, there is a need for more research covering other aspects of the topic, such as interviews with patients and professionals in the region, public and private hospitals, care in primary care networks, health, so that it can complement this research and provide a complete source of information for anyone who wants to understand the subject.

#### ACKNOWLEDGEMENTS

Thanking colleagues for their performance in the construction of the work and the advisor for their patience and tips.

#### REFERENCES

- [1] AGEVISA. Relatório de Gestão 2017. Governo Do Estado de Rondônia, 2018; (1): 1-194
- [2] BRASIL. MINISTERIO da Saúde. Estimativa 2018: incidência de câncer no Brasil/Instituto Nacional de Câncer José de Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. Brasília, 2017. Disponível em: <<http://www1.inca.gov.br/estimativa/2018>>. Acesso em: 19 de fevereiro. 2021.
- [3] CRISTO, L.; Araújo, T. Comunicação e oncologia: Levantamento de estudos brasileiros. Brasília Médica, 2011; 48(1): 50-57
- [4] CUBERTO, D.; Giglio, A. Entendendo a síndrome de Burnout na cancerologia. Revista Brasileira Médica, 2014; 71(2): 3-8
- [5] FARIA G et al. Perfil epidemiológico da população com câncer de Cacoal -Rondônia, Brasil. Journal Health NPEPS. 2020 jan-jun; 5(1):306-320.
- [6] FERNANDO, MS. et al. O cuidado de familiares ao idoso em tratamento quimioterápico ambulatorial: fatores e atitudes. Rev enfermagem UFPE online., Recife, 10(9):3265-75

- [7] INCA, 2021. Conceito e magnitude; [Acesso em 15 de abril de 2021]. Disponível em: <https://www.inca.gov.br/controle-do-cancer-do-colo-do-utero/conceito-e-magnitude#:~:text=Na%20an%C3%A1lise%20regional%2C%20o%20c%C3%A2ncer,%2C%20a%20quinta%20posi%C3%A7%C3%A3o2>.
- [8] KARKOW, MC. et al. Experiência de famílias frente à revelação do diagnóstico de câncer em um de seus integrantes. *Revista Mineira de Enfermagem*, 2015; 19(3): 741-751.
- [9] LEAL, MT. A próxima vítima pode não ser você. *Revista Ecológica*, 2013 (online). Disponível em: <http://www.revistaecologico.com.br/materia.php?id=67&sec=1008&mat=1112>.
- [10] SCANNAVINO CSS et al. Psico-Oncologia: atuação do psicólogo no Hospital de Câncer de Barretos. *Psicologia USP* [online]. 2013, v. 24, n. 1 [Acessado 5 Fevereiro 2022], pp. 35-53. (SILVA, 2015).
- [11] SIQUEIRA, JDF., et al. (2013). Utilização de dispositivo para infusão contínua de quimioterápico na percepção do paciente oncológico.
- [12] TAMBORELLI, V. et al. O papel da enfermagem e da fisioterapia na dor em pacientes geriátricos terminais. *Geriatrics & Gerontology*. 2010; 4(3)
- [13] VIANNA, AE., et al. (2011). A enfermagem oncológica frente ao câncer em pacientes idosos. *Revista Contexto & Saúde*, 11(20), 569-572.
- [14] ZUCOLO, F. et al.. A percepção do enfermeiro sobre cuidados a pacientes oncológicos. *Revista Brasileira Multidisciplinar*, 2014; 17(1):51-57.